

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	✓	32	5/2
<b>FORMALITY REVIEW</b>	MP	34	6/5/61
<b>RESPONSE FORMALITY REVIEW</b>	M	905	8/10/61

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - ..... (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	6/15/61
2	6/15/61
3	6/15/61
4	6/15/61
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12	6/15/61
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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